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CONFIRMATION NO. 8047

<b>SERIAL NUMBER</b> 10/607,664	<b>FILING OR 371(c) DATE</b> 06/27/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> SP112.1
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## APPLICANTS

Bret A. Ferree, Cincinnati, OH;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/392,234 06/27/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
09/22/2003

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	STATE OR COUNTRY OH	SHEETS DRAWING 20	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]					

## ADDRESS

25742

## TITLE

Bone cell covered arthroplasty devices

<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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